

Community Pathways Waiver – **REVISED PROPOSAL Draft**

Service Type: Statutory Service

Service (Name): Adult Day Health

Alternative Service Title: **MEDICAL DAY CARE**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

**Service Definition:**

A. Medical Day Care (MDC) is a medically supervised day program.

B. Medical Day Care includes the following services:

1. Health care services;
2. Nursing services;
3. Physical therapy services;
4. Occupational therapy services;
5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
6. Nutrition services;
7. Social work services Activity Programs; and
8. Transportation services.

**SERVICE REQUIREMENTS:**

- A. A participant must attend the Medical Day Care a minimum of four (4) hours per day for the service to be reimbursed.
- B. Medical Day Care services cannot be billed during the same period of time that the individual is receiving other **day or employment** waiver services.
- C. This waiver service is only provided to individuals age 21 and over. All medically necessary Medical Day Care services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method (check each that applies)**

Participant Directed as specified in Appendix E

Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Medical Day Care Providers

**Provider Specifications for Services**

**Provider Category:** Agency

**Provider Type:** Medical Day Care Providers

**Provider Qualifications License (specify):**

**License (specify):**

Licensed Medical Day Care Providers as per COMAR 10.09.07

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- Department of Health and Mental Hygiene

**Frequency of Verification:**

- Every 2 years and in response to complaints